

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 12 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 13078

1. Corporation Name

COLLETON CORPORATION

2. Principal Office Address

1407 Tangier Way

3. Mailing Office Address

P.O. Box 15652

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

USA

Zip

34277

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/84

5. FEI Number
59-2434982

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ~~None~~

7. Name and Address of Current Registered Agent

Name

JEANNETTE WATLING

Street Address (P.O. Box Number is Not Acceptable)

1407 Tangier Way

Suite, Apt. #, Etc.

City

Sarasota,

State

FL

Zip Code

34239

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **1/11/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles		Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.	T.D.	JEANNETTE WATLING	1407 Tangier Way	Sarasota, FL 34239

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

941-954-5658

Daytime Phone #